



10-14-04

IFW

PTO/SB/122 (09-03)

Approved for use through 11/30/2005. OMB 0651-0035

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**CHANGE OF  
CORRESPONDENCE ADDRESS  
Application**

Address to:

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450.

Application Number	09/608,129
Filing Date	June 30, 2000
First Named Inventor	Evan F. Wies
Art Unit	2142
Examiner Name	Vu, Thong H.
Attorney Docket Number	IMM104 (51851/280456)

Please change the Correspondence Address for the above-identified application to:

☒ Customer Number: 34300

OR

<input type="checkbox"/> Firm or Individual Name					
Address					
Address					
City		State		Zip	
Country					
Telephone		Fax			

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the :

- ☐ Applicant/Inventor.
- ☐ Assignee of record of the entire interest.  
Certificate under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).
- ☒ Attorney or agent of record. Registration Number 47,384.
- ☐ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number \_\_\_\_\_.

Typed or Printed Name John C. Alemanni

Signature

Date October 12, 2004

Telephone 336-607-7331

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☐ \*Total of \_\_\_\_\_ forms are submitted.

This collection of information is required by 37 CFR 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



### EXPRESS MAIL CERTIFICATE

"Express Mail" mailing label number : EV 366 599 852 US

Date of Deposit : October 12, 2004

Type of Document(s) : Transmittal Form;  
: Change of Correspondence Address  
: Application; and  
: Return Postcard.

Serial No. : 09/608,129

Date Filed : June 30, 2000

I hereby certify that the documents identified above are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. §1.10 on the date indicated above and are addressed to Mail Stop Post Issue, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



P. Devan Culbreth



Express Mail No.: EV 366 599 852 US

PTO/SB/21 (04-04)

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	09/608,129
	Filing Date	June 30, 2004
	First Named Inventor	Evan F. Wies
	Art Unit	2142
	Examiner Name	Vu, Thong H.
Total Number of Pages in This Submission	Attorney Docket Number	IMM104 (51851/280456)

**ENCLOSURES (check all that apply)**

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <b>Express Mail Certificate; Return Postcard.</b>
<b>Remarks</b>		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual name	John C. Alemanni (Registration No. 47,384)
Signature	
Date	October 12, 2004

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Typed or printed name			
Signature		Date	

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



EV 366599852 US

Mailing Label  
Label 11-F June 2002



UNITED STATES POSTAL SERVICE®

Post Office To Addressee

ORIGIN (POSTAL USE ONLY)		DELIVERY (POSTAL USE ONLY)	
PO ZIP Code	Day of Delivery <input type="checkbox"/> Next <input type="checkbox"/> Second	Delivery Attempt	Employee Signature
Date In	<input type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM	Mo. Day	Time <input type="checkbox"/> AM <input type="checkbox"/> PM
Mo. Day Year	Military	Delivery Attempt	Employee Signature
Time In	<input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Mo. Day	Time <input type="checkbox"/> AM <input type="checkbox"/> PM
Weight	Int'l Alpha Country Code	Delivery Date	Employee Signature
lbs. ozs.	Acceptance Clerk Initials	Mo. Day	Time <input type="checkbox"/> AM <input type="checkbox"/> PM
No Delivery	Weekend <input type="checkbox"/> Holiday <input type="checkbox"/>	<input type="checkbox"/> WAIVER OF SIGNATURE (Domestic Only) Additional merchandise insurance is void if address or signature is requested with delivery. If delivery employee judges that article can be left in secure place, signature of addressee is not required. Signature of addressee is required for delivery of insured articles. Signature of addressee is required for delivery of insured articles. Signature of addressee is required for delivery of insured articles.	
METHOD OF PAYMENT: <b>X271093</b>		NO DELIVERY <input type="checkbox"/> Holiday <input type="checkbox"/>	

CUSTOMER USE ONLY	
FROM: (PLEASE PRINT)	TO: (PLEASE PRINT)
KILPATRICK STOCKTON LLP 1001 W 4TH ST WINSTON SALEM NC 27101-2410	Mail Stop Post Issue Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450
John C. Alemanni (IMM104) 51851/280456	PHONE

PRESS HARD.  
You are making 3 copies.

FOR PICKUP OR TRACKING CALL 1-800-222-1811 www.usps.com



BEST AVAILABLE COPY



22

218



**In re application of:** *WIES ET AL.*  
**For:** CHAT INTERFACE WITH HAPTIC  
FEEDBACK FUNCTIONALITY  
**Serial No.:** 09/608,129  
**Express Mail No.:** EV 366 599 852 US

***The Following Was Received by the PTO:***

- ☒ Express Mail Certificate (No. EV 366 599 852 US);
- ☒ Transmittal;
- ☒ Change of Correspondence Address Application;

**Date Mailed to PTO:** October 8, 2004  
**Client Matter No.:** 51851/280456 (IMM104)